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APPLICANTS

Mark W. Kroll, Simi Valley, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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** 02/15/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 73	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

36802
 PACESETTER, INC.
 15900 VALLEY VIEW COURT
 SYLMAR, CA
 91392-9221

TITLE

Cardiac stimulation device for optimizing cardiac output with myocardial ischemia protection

FILING FEE RECEIVED 2288	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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